

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	161	7041	7/18
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	S A	689 EG 15	8-19-00

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	7/18/00
Original	7/18/00
1	✓ 7/18/00
2	✓ 7/18/00
3	✓ 7/18/00
4	✓ 7/18/00
5	✓ 7/18/00
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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